



COUNTY OF SAN DIEGO
Great Government Through the General Management System – Quality, Timeliness, Value
DEPARTMENT OF HUMAN RESOURCES

CLASS SPECIFICATION

CLASSIFIED

UTILIZATION REVIEW QUALITY IMPROVEMENT SPECIALIST

Class No. 004314

■ CLASSIFICATION PURPOSE

To review and evaluate medical records for accuracy and appropriateness of clinical documentation and quality of care; to ensure all activities conform with Federal and State regulations and local requirements; to provide narrative and statistical analyses of audits; and to perform related work as required.

■ DISTINGUISHING CHARACTERISTICS

The Utilization Review Quality Improvement Specialist is the journey level position in the series. Positions are found in the Mental Health Division of the Health and Human Services Agency (HHSA). Under general supervision, incumbents review medical records for medical necessity and Medi-Cal compliance in County-operated inpatient, outpatient, day treatment, and contracted facilities. The Utilization Review Quality Improvement Specialist differs from the next higher class, Utilization Review Quality Improvement Supervisor, in that the latter plans, organizes, directs, and evaluates the work of the Specialists.

■ FUNCTIONS

The examples of functions listed in the class specification are representative but not necessarily exhaustive or descriptive of any one position in the class. Management is not precluded from assigning other related functions not listed herein if such duties are a logical assignment for the position.

Essential Functions:

1. Evaluates patient medical records for accurate and complete documentation of medical necessity, treatment modalities and appropriate level of care.
2. Discusses discrepancies in documentation of services with appropriate clinical and administrative staff and recommends actions to resolve issues.
3. Compares medical record documentation with professional standards of care outlined in the Mental Health Service's Utilization and Quality Management Plan in accordance with Federal and State regulations.
4. Determines medical necessity of hospitalization or clinic visits and makes payment authorizations using professional judgment and established criteria.
5. Reviews inpatient medical records for discharge.
6. Informs clinical and medical staff of regulatory Quality Management/Utilization Management Plan or procedural changes.
7. Organizes, monitors, and audits activities.
8. Writes statistical and narrative reports on outcome of audits of provider services, highlighting areas such as timeliness of provider denials, certified admissions and extensions, and administrative stays.
9. Provides legal medical reports of findings from audits and recommends corrective action in accordance with Federal and State regulations.
10. Participates in site certifications to meet regulatory standards and serves as member of monitoring team in periodic program reviews.
11. Provides in-service education regarding quality management documentation.
12. Refers clients to appropriate local quality care resources.
13. Provides responsive, high quality service to County employees, representatives of outside agencies and members of the public by providing accurate, complete and up-to-date information, in a courteous, efficient and timely manner.

■ KNOWLEDGE, SKILLS AND ABILITIES

Knowledge of:

- Current psychiatric and medical treatment modalities.
- Diagnostic and Statistical Manual classifications.
- Psychiatric medication therapies and associated laboratory reports.
- Medical records documentation standards, including standards for clinical records.
- Regulations of Joint Commission of the Accreditation of Hospitals
- Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation.
- State and Federal regulations related to Quality Improvement/Utilization Review.
- Patient's rights, specifically regarding provider denials, client care, and grievance.
- Medi-Cal review and audit process.
- Specialty mental health managed care system.
- Word processing and computerized databases.
- County customer service objectives and strategies.

Skills and Abilities to:

- Analyze complex information, problems, conditions and situations.
- Compile, organize and summarize data.
- Determine whether symptoms documented in medical records support diagnosis.
- Audit documentation and make accurate assessments of diagnosis, type and level of care, and adequacy of progress.
- Understand and interpret policies and procedures.
- Communicate effectively orally and in writing.
- Exercise independent judgment and initiative.
- Establish and maintain effective working relationships with hospital, clinic and administrative staff, patients, contractors, and State and Federal reviewers.
- Participate effectively in team processes.
- Adapt to fluctuating workload assignments.
- Organize, develop, and present utilization review and quality management training activities.
- Treat County employees, representatives of outside agencies and members of the public with courtesy and respect.
- Exercise appropriate judgment in answering questions and releasing information; analyze and project consequences of decisions and/or recommendations.

■ EDUCATION/EXPERIENCE

Education, training, and/or experience that demonstrate possession of the knowledge, skills and abilities listed above. An example of qualifying education/experience is two (2) years of recent, licensed clinical or administrative experience in an acute care psychiatric hospital or outpatient facility performing the duties of a registered nurse, LCSW, MFT, licensed clinical psychologist, or related profession where duties included charting and interpreting medical records for the purpose of utilization review.

Note: Quality improvement, utilization review, peer review, or other chart review experience is highly desirable.

■ ESSENTIAL PHYSICAL CHARACTERISTICS

The physical characteristics described here are representative of those that must be met by an employee to successfully perform the essential functions of the classification. Reasonable accommodation may be made to enable an individual with qualified disabilities to perform the essential functions of a job, on a case-by-case basis.

Continuous upward and downward flexion of the neck. Frequent: sitting, repetitive use of hands to operate computers, printers and copiers. Occasional: walking, standing, bending and twisting of neck, bending and twisting of waist, squatting, simple grasping, reaching above and below shoulder level, and lifting and carrying files weighing up to 10 pounds.

■ SPECIAL NOTES, LICENSES, OR REQUIREMENTS

License

A valid California class C driver's license, which must be maintained throughout employment in this class, is required at time of appointment, or the ability to arrange necessary and timely transportation for field travel. Employees in this class may be required to use their own vehicle.

Certification/Registration

None Required.

Working Conditions

Office environment; exposure to computer screens.

Background Investigation

Must have a reputation for honesty and trustworthiness. Misdemeanor and/or felony convictions may be disqualifying depending on type, number, severity, and recency. Prior to appointment, candidates will be subject to a background investigation.

Probationary Period

Incumbents appointed to permanent positions in this class shall serve a probationary period of 6 months (Civil Service Rule 4.2.5).

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Revised: June 28, 1985
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Utilization Review Quality Improvement Specialist (Class No. 004314)

Union Code: PR

Variable Entry: Y